

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR SECOND'S LICENSE

NOTE: The Department may request additional information necessary to determine an applicant's eligibility for a license. A second shall be at least 18 years of age.

Type or Print Legibly in Ink

NAME OF SECOND	DAYTIME TELEPHONE NUMBER ()	
ADDRESS OF SECOND _____ Number and Street _____ City State Zip Code	DATE OF BIRTH	AGE

MARK AN X IN THE APPROPRIATE BOX:

YES **NO**

A. Are you currently LICENSED in another state or country? If YES, where?

☐ ☐

B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, what agency in what state?

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C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, what agency in what state?

☐ ☐

D. Is disciplinary action pending against you in any jurisdiction? If YES, what agency in what state?

☐ ☐

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$ 5.00 License fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

AFFIDAVIT OF SECOND

I state that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Second

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth

month

day

year

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.